

### **Policy Report**

## Not Just a Walk in the Park: Unsupervised Alcohol Consumption on Municipal Properties in BC

Evidence-based,	public health	consideration	ons for I	ocal go	vernments
to	support healtl	hy, vibrant c	ommun	ities	

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# 1. Executive summary: Unsupervised alcohol consumption on public properties in BC

**Main purpose of this document:** This report is designed to provide an evidence-based, public-health perspective to support local government decision-making around unsupervised public alcohol consumption on municipal properties such as parks, beaches, and city plazas. It outlines key areas for consideration with a focus on health equity and creating and maintaining healthy, vibrant, and accessible outdoor community spaces.

Current regulatory status of unsupervised alcohol consumption on public properties in BC and Canada: Most jurisdictions in Canada and within BC do not permit unsupervised consumption of alcohol on public properties. While BC municipalities have the authority to permit drinking in certain public spaces, none had chosen to do so prior to the emergence of the COVID-19 pandemic.

Scope of alcohol consumption and related harms and costs in BC: Per capita age 15+ alcohol consumption in BC (9.16L) is higher than in the rest of Canada (8.00L) and has increased since 2020. The cost for alcohol-related health care, policing and lost productivity in BC is \$2.38B per year and exceeds those of tobacco and cannabis in every cost category. Furthermore, even moderate alcohol consumption is a risk factor for at least seven different types of cancer and alcohol-attributable cancers account for 1 in 4 alcohol-related deaths in B.C.

Health equity considerations, public health risks and related operational impact of unsupervised alcohol consumption on public properties: Public policies are intended to reduce excessive drinking among adults, drinking among underage people, and various adverse outcomes. Although there are arguments in favor of allowing public drinking, permitting alcohol consumption in public spaces adds to risks related to public intoxication, violence and property crimes, impaired driving, underage drinking, the spread of COVID-19, and the enjoyment of public spaces by non-drinkers and vulnerable persons.

Operational and economic impact of unsupervised alcohol consumption on public properties: Authorizing unsupervised alcohol consumption on public properties will require substantial investments of time, energy, money, and staffing to mitigate any potential negative outcomes on the local community. It is worth considering whether there are other local government actions that would better support social connection and health equity goals such as increased community programming or upgrades to existing amenities and greenspaces.

**Summary and discussion:** The social and economic burden of harmful alcohol use is felt deeply within communities and municipalities can make a positive difference through their local alcohol policies. Unlike licensed establishments such as restaurants and pubs, which have regulated oversight of alcohol consumed on premises, unsupervised alcohol consumption on public properties carries a unique set of public health and safety risks. On balance, the evidence suggests that such policy changes will increase harms within communities and should therefore not be implemented. If local governments choose to proceed, this policy change warrants careful consideration and ongoing review. See following page for summary of guidance for strategies to mitigate the risk of this policy should it be implemented.

#### Summary of guidance for local governments

The guidance below offers recommendations and strategies for mitigating the associated increase in alcohol-related harms. Specifically, local governments are encouraged to:

- Conduct an initial Health Impact Assessment and Health Equity Analysis
- Seek early and ongoing public engagement and feedback across diverse subgroups
- Obtain formal legal counsel on liability implications and municipalities' duty of care
- Limit the number of proposed sites, set designated areas, and restrict hours of consumption
- Avoid permanent bylaw changes, review annually, and implement relevant companion bylaws
- Allocate sufficient budgetary funds to address related increase in operational costs
- Expand inspection and enforcement staffing and revoke authorizations for problematic sites
- Set alcohol consumption/possession limits, implement meal requirements, and prohibit glass containers
- Post clear, extensive, and accessible signage in both designated and non-designated areas
- Encourage purchase of alcohol from nearby licensed restaurants, pubs, or food trucks
- Conduct comprehensive monitoring and evaluation with ongoing public reporting
- Address specific COVID-19 and alcohol considerations related to physical distancing

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## 2. Introduction and objectives

In response to the social and economic impact of the COVID-19 pandemic, local governments in British Columbia have been exploring strategies to both support community connection and local businesses, especially the hard-hit hospitality sector. One option considered by some municipalities is to allow alcohol consumption on publicly owned properties such as parks, beaches, and city plazas, and a few jurisdictions have chosen to pursue this. Some of the commonly cited rationales in support of this initiative have included the desire to encourage social connection and foster more equitable access to outdoor spaces, to provide additional economic support for the hospitality industry, or to move towards a more progressive 'Western European' style drinking culture in Canada. However, unsupervised alcohol consumption in public spaces carries significant public health and safety risks, may add costs to governments, and may in fact divert sales away from regulated licensed establishments including restaurants and pubs. Furthermore, this approach may not support the social connection goals of everyone in the community, as not everyone welcomes or benefits from increased opportunities for alcohol consumption. These decisions therefore warrant careful consideration.

As with recent considerations related to cannabis consumption and prohibiting use in public parks, it is important for these factors to be considered carefully along with potential impacts on local businesses and consumers. This report is designed to provide an evidence-based, public-health perspective to support local government decision-making around unsupervised public alcohol consumption on municipal properties such as parks, beaches, and city plazas. It outlines key areas for consideration with a focus on health equity and creating and maintaining healthy, vibrant, and accessible outdoor community spaces in BC.

#### Main objectives of this report:

- Provide local government leaders with up-to-date evidence on the acute and chronic risks (such as cancer) and related harms and costs associated with consumption of alcohol in BC.
- Inform municipal decision-makers about the health equity considerations and public health risks of allowing unsupervised alcohol consumption on public properties.
- Outline related operational impact, and monitoring, enforcement, and liability considerations for municipalities.
- Provide guidance on risk mitigation and harm reduction strategies for public properties where unsupervised alcohol is or may be permitted.
- Provide contextual information on alcohol consumption in public spaces within BC and across other jurisdictions in Canada

# 3. Regulatory status of unsupervised alcohol consumption in public spaces across Canada and in BC

## 3.1 Unsupervised alcohol consumption in public spaces in Canada

BC is one of only five provinces in Canada whose liquor regulations include provisions allowing for local governments to designate areas for alcohol consumption in shared public spaces (See Table 1). Like BC, the provinces of Ontario, New Brunswick, Quebec and Alberta allow for local governments to designate specific public areas where alcohol consumption is permitted under certain conditions; remaining provinces and

territories do not permit this. Among the jurisdictions that permit localities to allow drinking in public spaces, no local governments in Ontario or New Brunswick have approved any areas for unsupervised alcohol consumption to date. In Quebec, the city of Montreal has designated picnic areas in certain parks where alcohol may be consumed when accompanied by a full meal (City of Montreal, 2021). In Alberta, provincial parks allow for unsupervised alcohol consumption at picnic tables during set hours. In May 2021, the city of Edmonton launched a pilot project designating 47 picnic sites across seven parks for alcohol consumption. Within the first month new signs were required in the remaining alcohol-free zones as fines and warnings for drinking outside of designated areas had more than doubled over the previous year. In all other jurisdictions, consumption of alcohol in public spaces is restricted to time-limited situations such as special events where temporary permits or approvals are required. Of note, public intoxication is prohibited across all 13 provinces and territories.

Table 1. Provincial/territorial regulation of unsupervised public alcohol consumption in public spaces

Province	Regulatory	Exceptions where unsupervised alcohol consumption is permitted
Territory	status	
NU	Prohibited	
NT	Prohibited	
YT	Prohibited	
PEI	Prohibited	
NS	Prohibited	
MB	Prohibited	
SK	Prohibited	Only if a permit is issued
NL	Prohibited	Only if a permit is issued
QC	Prohibited	Only by local bylaw
NB	Prohibited	Only by local bylaw
ON	Prohibited	Only by local bylaw (designating a recreational area) within a municipality
BC	Prohibited	Only in a public place or part of it that has been designated through a bylaw
		of the municipality or regional district with specified hours of consumption
AB	Allowed	Only in provincial park picnic sites accompanied by food during designated
		hours; otherwise prohibited except by local bylaw

Note: see Appendix D for full list of jurisdictional liquor regulations.

### 3.2 Alcohol consumption on public properties in BC municipalities

Since the 1970s, municipal governments within BC have had the authority in the Liquor Control and Licensing Act to approve alcohol consumption on municipally managed properties. However, until the COVID-19 pandemic emerged, none had chosen to allow it (BC Liquor Licensing Act, 2021). Since the pandemic began, a few municipalities across four of the five health authorities have been exploring the option of allowing alcohol consumption on public properties such as parks, beaches and city plazas (See Table 2). Perhaps prompted by recent media coverage of this issue, the mayors of four municipalities including the Cities of Kamloops, Kelowna, Burnaby and Surrey have made statements to indicate that they are not considering allowing public drinking in their jurisdictions. In addition, four local governments including the Districts of Saanich and Central Saanich, and the Cities of Vernon and White Rock, have considered and rejected this policy change. Seven municipalities including the Cities of Vancouver, North Vancouver, West Vancouver, Delta, Port Coquitlam, Chilliwack and Penticton approved temporary pilot programs in the summer of 2020. Two of those cities—North Vancouver

and Port Coquitlam—completed the pilots and went on to approve the public drinking bylaw as a permanent change, and new Westminster approved the change without implementing a pilot project. Penticton and Chilliwack are planning to implement similar programs again in 2021 (see Appendix A for a detailed list of municipal decisions).

Table 2. Status of municipal decisions on unsupervised alcohol consumption on public properties by BC health authority\*

Health Authority	Municipality	Permitted	Dates
Island	District of Central Saanich	No	Proposal defeated Jul. 2020
	District of Saanich	No	Proposal defeated Jun. 2020
Interior	City of Kamloops	Not being considered	Media statement Aug 2020
	City of Kelowna	Not being considered	Media statement May 2020
	City of Penticton	Yes – pilot + similar program for 2021	Pilot approved Jun. 2020; 2021 program approved Nov. 2020
	City of Vernon	No	Proposal defeated Jun. 2020
Vancouver Coastal	City of Vancouver/Vancouver Park Board	Yes – pilot + proposal for 6 city plazas (City of Vancouver) and 22 city parks (Vancouver Park Board)	Plaza pilot approved July 2020 (2020 pilot launched Aug, 2021 pilot launched May); Parks pilot approved Aug 2020 (launched July 2021)
	City of North Vancouver	Yes – pilot + permanent bylaw	Pilot approved Jun. 2020; permanent approval Oct. 2020
	District of West Vancouver	Yes – pilot project for 1 park	Pilot approved May 2021
Fraser	City of Burnaby	Not being considered	Media statement Aug 2020
	City of Chilliwack	Yes – pilot + similar program for 2021	Pilot approved Aug 2020
	City of Delta	Yes – pilot for 3 parks	Pilot approved May 2021
	City of New Westminster	Yes – 7 parks	Permanent bylaw approved May 2021
	City of Port Coquitlam	Yes – pilot + permanent bylaw	Pilot approved Jun. 2020; permanent approval Feb. 2021
	City of Surrey	Not being considered	Media statement Jul 2020
	City of White Rock	No	Proposal defeated Jul. 2020
Northern	None to date	Not applicable	Not applicable

<sup>\*</sup>Current as of July 2021

## 4. Harms and costs of alcohol consumption in BC and by health authority

## 4.1 Per capita age 15+ alcohol consumption in BC and by health authority

As local governments consider changes to alcohol policy, it is important to have a complete and current picture of the impact that alcohol has on the lives of British Columbians. While many people consume alcohol in lower-risk ways, alcohol consumption remains a significant public health concern in BC. To get a better sense of what that represents, in 2019, per capita consumption in BC was estimated to be the equivalent of about 537 standard drinks (or 9.16L pure ethanol) for each person aged 15 years or older (CISUR, 2021). Importantly, BC's alcohol consumption was higher than the national average of 8.0L for the rest of Canada and has shown a steady upward trend over the past few years despite a slight dip in 2018/2019. There was also a considerable variation in consumption levels across different health authorities with Interior reporting the highest rates (12.89L) and Fraser reporting the lowest rates (6.71L) of per capita drinking in 2019 (see Figure 1).

Alcohol consumption across BC and Canada was further accelerated over the past year with the onset of the COVID-19 pandemic. In Phase 1 of reopening (March 17- May 19, 2020), per capita alcohol sales increased by 7% and, overall, by year end, by 3% compared with previous years (Stockwell et al, 2021). These are likely underestimates because of the almost complete cessation of tourism in BC over the same period i.e., the purchased alcohol is being consumed by fewer people. Some Canadians reported drinking more than usual due to pandemic-related stress, lack of regular schedule or out of boredom (CCSA, 2020; StatsCan, 2021). Consumption likely also increased as a result of alcohol being deemed an "essential service" with many regulations around takeout and delivery being relaxed to bolster the economy and assist the beleaguered hospitality sector. While alcohol industry advocates and some economists were supportive of this change, many public health scientists and advocates in Canada voiced concerns regarding the related societal harms and costs it would inevitably cause (Hobin and Smith, 2020; Neufeld et al., 2021; Stockwell, 2020). Other temporary changes that were recently made permanent in BC include extended liquor store hours (7am-11pm) and allowing licensed premises access to wholesale pricing, which provides the means for an increase in the availability of cheaper alcohol (Government of BC, 2021a &b).

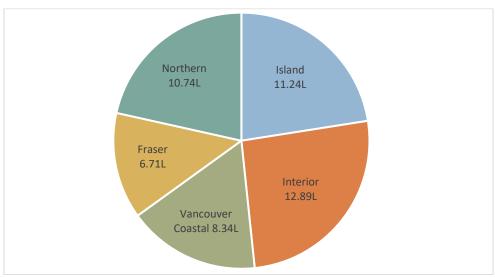


Figure 1. Per capita alcohol consumption in litres of ethanol by BC health authorities, 2019

Source: CISUR BC AOD Trend Analyzer Tool

### 4.2 Alcohol-related hospitalizations and deaths in BC and by health authority

Even when not accelerated by major global events, alcohol consumption is responsible for a significant number of hospitalizations and deaths in BC each year. In 2017 alone there were an estimated 19,172 alcohol-related hospitalizations and 2,380 deaths in BC (CISUR, 2021) (see Table 3). Like the variation in alcohol consumption levels in BC health authorities, there were differences in the number of related hospitalizations and deaths as well. In this case, Northern Health Authority had the highest numbers and the Vancouver Coastal the lowest numbers of alcohol harms. These harms impact the lives not only of the drinkers, but also their families, friends, workplaces, and communities.

It is important to note that a proportion of these hospitalizations and deaths were caused by alcohol-related cancers. Unfortunately, many Canadians remain unaware that, like tobacco, the ethanol in alcohol is considered a Class 1 carcinogen and causes up to seven different types of cancer including breast, colon, esophageal and liver (IARC, 2010; Canadian Cancer Society, 2015). Overall, the proportion of alcohol-related cancers made up an average of about 6% of hospitalizations and about 25% of deaths in BC related to alcohol for 2017 (see Table 3). This underscores the critical role that local governments play in protecting not only the immediate but also the long-term health of the communities they represent – especially when it comes to making decisions that increase access to alcohol.

Table 3. Number of alcohol-related hospitalizations and deaths by BC health authorities, 2017

<b>Health Authority</b>	Hospitalizations (cancer-specific)	Deaths (cancer-specific)
Island	3976 (246)	539 (144)
Interior	4856 (274)	589 (137)
Vancouver Coastal	3407 (239)	420 (122)
Fraser	5192 (290)	639 (160)
Northern	1739 (75)	192 (41)
ВС	19,172 (1124)	2380 (604)

Source: CISUR BC AOD Trend Analyzer Tool

#### 4.3 Overall costs of alcohol consumption in BC

While increasing levels of alcohol sales and consumption in BC may be seen as a positive indicator for the economy and government revenues, the health harms outlined in the previous section suggest that there are significant costs as well. In 2017, alcohol use cost British Columbians an estimated \$2.38 billion, surpassing tobacco as the costliest substance. There were an estimated \$838 million in direct heath care costs related to alcohol, \$989.7 million in related lost productivity costs, and \$311.4 million in criminal justice costs (CSUCH, 2020), a portion of which directly impacts budgets at the municipal level. Alcohol-related costs are expected to rise with the increase in alcohol consumption from the COVID-19 pandemic.

#### 4.4 Costs of alcohol consumption in BC compared to tobacco, cannabis, and opioids

Presenting alcohol-related costs in relation to those of other psychoactive substances used in BC, such as tobacco, cannabis and opioids, is another way to put these figures into broader context. For example, alcohol-related healthcare costs were far higher compared to those from use of tobacco, cannabis or opioids (see Figure 2). Alcohol costs were also far higher than the costs of other substances in every other category from the overall

costs (alcohol: \$2.38B; tobacco: \$1.37B; cannabis: \$448M; opioids; \$1.27B) to those specific policing, lost productivity, and other direct costs in 2017 (CSUCH, 2021).

\$838.03M \$745.6M \$57.24M \$90.71M \$57.24M Alcohol Tobacco Cannabis Opioids

Figure 2. Substance use-attributable healthcare costs in BC, 2017

Source: Canadian Substance Use Costs and Harms Tool

The significant short-term costs associated with drinking such as emergency department visits (\$59.1 million) and policing (\$157.6 million) are particularly relevant to local governments considering allowing alcohol consumption in municipally run spaces (see Table 4). Increasing the number of public sites where alcohol can be consumed without the oversight of legal licensing as required in restaurants and pubs has the potential to impact the capacity of hospital emergency departments. This is especially relevant to the acute harms often associated with underage drinking – which will direct resources away from other critical care issues, increase wait times and place an additional burden on health care workers. A similar impact would be expected for police enforcement agencies for whom a substantial proportion of callouts already involve alcohol-related events, further diverting resources away from other community issues and placing officers at increased risk of violence in the course of their duties.

Table 4. Substance use-attributable policing and emergency care costs in BC, 2017

Costs	Emergency department visits	Policing
Alcohol	\$59.1M	\$157.6M
Tobacco	\$4.0M	\$0.0
Cannabis	\$18.3M	\$113.7M
Opioids	\$5.04M	\$80.3M

Source: Canadian Substance Use Costs and Harms Tool

# 5. Health equity considerations and public health risks of allowing alcohol consumption on public properties

## 5.1 Overall importance of strong alcohol policies

Given the substantial burden of alcohol use globally, significant effort has gone into looking for ways to reduce the harms and there is a substantial body of international evidence available. The evidence shows that the most cost-effective, high-impact way to prevent and reduce the negative consequences of alcohol consumption in a population is through implementation of evidence-based alcohol policies. Known as the 'best buys' (WHO, 2018), these include minimum unit pricing and taxation measures, limitations on the retail availability of and access to alcohol, minimum legal drinking age, marketing and advertising controls, and impaired driving countermeasures (Babor et al, 2010; WHO, 2019).

The presence or absence of strong alcohol policies have a direct impact on consumption levels/patterns and alcohol-related harm in a population. In addition, policy decisions that impact alcohol use at a community level also come with important health equity considerations. In this particular instance, it is important to consider that the health outcomes of certain groups may be unfairly and unjustly impacted by initiatives allowing alcohol consumption in public spaces because of the compounding health effects of alcohol with other factors such as income, social status, race, gender, education or other socially determined circumstances (Collins, 2016).

In 2012 and 2017, the Canadian Alcohol Policy Evaluation (CAPE) project assessed the extent of implementation of such policies across Canada to encourage greater update of effective alcohol control policies and programs to reduce alcohol-related harms. In the latest report, Canada as a whole received a failing grade, and BC only had about 50% of the recommended policies to prevent and reduce harm from alcohol consumption place (Stockwell et al., 2019). A number of existing policies in BC and across the country have been further weakened by relaxation of the regulations around the physical availability of alcohol during the COVID-19 pandemic. Changes extending liquor store hours, facilitating online ordering and delivery of alcohol, as well as the purchase of alcohol with takeout meals, has made it much easier for British Columbians to drink more, and more often, as reflected in increased alcohol sales (CCSA, 2021; CISUR, 2020).

#### 5.2 Increased physical availability of alcohol and increased access in public spaces

The relaxed stance on alcohol consumption in public spaces in Western European countries is often held as a sign of cultural maturity and given as a rationale for allowing it in Canada. However, the true impact of such policies is not always known and in fact Europe has the highest rates of alcohol consumption in the world and reports substantially higher levels of alcohol-related harms compared to other regions. For example, the proportion of cancer deaths that are alcohol-attributable in Europe is double that of North America (WHO, 2019). Heavy episodic or 'binge' drinking, especially among youth, is another particularly concerning issue (WHO, 2019) in Europe that is in part facilitated by the broader availability of alcohol in their society.

Allowing alcohol consumption on public properties will increase the access to and physical availability of alcohol in a community, which typically increases health and social harms (Babor et al., 2021). Conversely, limiting the physical availability of alcohol is one of the control measures that has consistently been shown to reduce a range of alcohol-related harms. A greater density of alcohol retail outlets and/or places or physical environments in which alcohol consumption may occur has been demonstrated to increase both community-level harms such as

noise, nuisance, impaired driving and vandalism, and individual-level harms such as injury, violence, poor mental health and acute and chronic diseases (Babor et al., 2010; Livingston, 2008; Stockwell et al., 2011; Popova et al., 2009; Hahn et al., 2010; Reuter et al., 2021). Drinking on municipal properties would be in large part unsupervised. Currently, most alcohol consumption outside of private residences is conducted onsite in licensed establishments such as restaurants and pubs. Compared to unsupervised drinking on municipal properties, consumption in these venues has a number of public health advantages. Licensed establishments in BC can incur substantial penalties for service to intoxicated and underage persons, and are required to have health and safety mechanisms in place to protect the well-being of patrons and communities including:

- A legal obligation to deny service to intoxicated or underage persons.
- A code of conduct for serving alcohol, a clear responsibility for safe service and oversight to prevent disturbances.
- Serving It Right and health and safety training for preventing and responding to acute alcohol-related harms (violence, illness, harassment, intoxication, effects of co-use with other drugs, etc.).
- Ability to monitor and enforce COVID protocols such as social distancing and mask wearing.
- A substantially higher price per standard drink (compared to the price of alcohol at liquor stores)

### 5.3 Increased harm to others from unsupervised alcohol consumption in public spaces

There is also a growing body of literature estimating the "secondhand" impacts of alcohol consumption, known as alcohol's harm to others. Other peoples' drinking negatively affects a large proportion of adults in some way and in fact the impacts are often greater for others than for the drinker themselves (Karriker-Jaffe, 2019; Laslett et al, 2020; Livingston et al., 2010). A large proportion of secondhand harms from alcohol occur in public places because there are typically a higher number of people around who have been drinking. Drinking outdoors is associated with increased harms from other peoples' drinking, such as verbal abuse, serious arguments or physical hams, particularly for women, young people and other vulnerable groups (Moan and Brundberg, 2021). Younger adults often bear the brunt of harm from others' drinking, with young women more likely to experience harms from friends and family and young men from strangers and friends' drinking (Laslett et al., 2010). Alcohol consumption in public spaces shared with children and youth, women, or otherwise vulnerable persons would also put them at greater risk of experiencing harms from other peoples' drinking, ranging from assault and other forms of violent crime to sustaining acute injuries (eg from broken glass) or vandalized park amenities. Other population groups such as the elderly and those who choose not to drink may also be at higher risk. People with lower socioeconomic status (SES) also experience higher levels of alcohol-related harms, including secondhand harms, even though they are less likely to drink and consume less alcohol overall (Houlden et al., 2018).

## 5.4 Decreased access to safer shared public greenspaces

Safe, enjoyable, high quality greenspaces are an important community asset for people of all ages (Houlden et al., 2018; Vanaken and Danckerts, 2018), and many municipalities are working to protect and increase the number, quality, and access to these types of amenities. People visit parks and beaches to gain the benefits of connecting with nature. Ensuring these spaces and the people who frequent them are protected from commercial interests and negative influences supports health and wellbeing, and provides people with spaces to relax, recharge and grow. Shared public amenities are a valuable and critical resource for protecting and promoting mental wellness across BC communities. However, the presence of alcohol is not necessary for such enjoyment to occur, and in fact may detract enjoyment of others. This has been particularly important during

the COVID-19 pandemic when many people have experienced poorer mental health and increases in depression and anxiety. Alcohol has been shown to have a compounding effect on these types of negative health outcomes, so municipalities are actually *protecting* critical community resources to support mental wellness by not allowing alcohol consumption on public properties.

The fear of sexual or gender-based violence occurring in public spaces that allow drinking is another significant concern, particularly among vulnerable groups. This could have negative impacts on mental health and well being and serve to exclude certain groups from safe and equitable access to outdoor community spaces. Harms to others also extends beyond health effects, and can include things such as increased noise, litter, and disturbances such as public intoxication and public urination that might reduce the enjoyment of shared public spaces. Allowing alcohol consumption on public properties may deter the use of these spaces by those who feel uncomfortable being around groups drinking alcohol, such as families with children, people who choose not to drink or those who have experienced harm from other's drinking.

## 5.5 Decreased inclusivity and equitable access to shared public greenspaces

One of the rationales cited for allowing drinking on public properties has been that everyone should have access to outdoor spaces where they can drink. Restrictions during the COVID-19 pandemic limited indoor gathering and forced social activities outside, highlighting that more affluent communities often have greater access to private outdoor greenspaces and along with it, the ability to gather privately and drink alcohol outdoors. However, there are number of notable health equity considerations when it comes to unsupervised alcohol consumption in public greenspaces. For example, neighbourhoods with lower SES typically have less access to safe and enjoyable outdoor spaces due to the lower quality, number, and accessibility of the spaces (Rigolon, 2016; Schule et al., 2019). There is growing evidence that the health benefits of having access to greenspaces may be strongest among the lowest SES groups (WHO, 2016), making access to these spaces even more important from an equity perspective. In addition, if a municipality allowed unsupervised alcohol consumption in a broad range of public places, it seems likely that those living in higher crime areas might suffer a disproportionate burden of alcohol-related problems as a result – especially if there were insufficient resources for additional enforcement efforts.

Other proponents have raised the possibility that allowing drinking in public spaces might reduce racial profiling or other disparities in public citations and tickets related to public consumption of alcohol. However, regardless of whether public drinking is allowed, considerable discretion would remain with regard to enforcement of laws prohibiting public intoxication. It should also be noted that those experiencing homelessness, in particular those with alcohol use disorders, really have only the option to drink in public places. Some types of social housing such as temporary shelters, transitional or supportive accommodations do not allow for on-site alcohol consumption (unlike tailored managed alcohol programs) thus people may need to drink in public even if they are housed. While permitting alcohol consumption could in theory reduce the potential legal risk they currently experience by drinking in public spaces, the discretionary piece of enforcement may again reduce the overall benefit for this population, given that they may not be drinking in spaces sanctioned by these initiatives and enforcement may actually increase once these projects are launched. While alcohol harm-reduction initiatives that include highly stigmatized populations, including those in lower SES neighbourhoods, are an important part of alcohol policy and should be included in discussions around allowing drinking in public outdoor spaces (Bailey and EIDGE, 2021), a population-level approach to permitting alcohol consumption in shared greenspaces has the potential to cause harm. A promising example of a more targeted initiative is the parklet initiative adjoining a social services organization in Vancouver's Downtown Eastside for people experiencing homelessness to

consume alcohol more safely. The local community were consulted during the process and included in the decision making to ensure that the initiative would adequately meet their needs (see more information here).

#### 5.6 Increased risk of COVID-19 transmission

COVID-19 is frequently invoked as a justification for municipalities allowing drinking in public places and an argument has been made that allowing alcohol consumption on public properties is a simple and cost-effective way for local governments to support increased community connection. However, alcohol has been shown to play a role in the transmission of COVID-19, especially in contexts involving larger crowds and social gatherings, as its psychoactive effects weaken attention to physical distancing and safety protocols such as mask-wearing and hand washing (Andreasson et al., 2021; WHO, 2020). The noise from other people and sometimes music and generally loud environments also requires more vocal projection as people get close to the person speaking to hear what they are saying. A recent lab study found that strangers were significantly more likely to move closer together when in conversation if they were intoxicated thereby reducing physical distancing behaviours (Gurrerie et al., 2021). Further, rather than encouraging alcohol consumption in public spaces, a number of western European countries such as France, Spain and the Netherlands actually banned public drinking as health measure to decrease transmission of the virus (France 24, 2021; Lauduro, 2020; Government of Netherlands, 2021). While outdoor social gatherings have a substantially lower risk of increasing COVID-19 transmission, the added element of alcohol use which impairs thinking, judgement, decision-making and behaviour (WHO, 2020), will make it more difficult to ensure adherence to health and safety guidelines.

### 5.7 Increased risk of underage drinking and normalization of alcohol use

Lifting restrictions on public alcohol consumption is likely to impact youth alcohol consumption by increasing social access to alcohol, normalizing drinking in public spaces, and legitimizing spaces that youth already often use for drinking (Babor et al., 2021). Authorized consumption of alcohol on public properties means that children and youth will have greater exposure to alcohol use in spaces with limited infrastructure to prevent underage drinking. There are substantial challenges with enforcing underage drinking laws in public spaces, particularly among groups of young people of mixed ages when some in the group are younger than BC's minimum legal drinking age of 19. While restaurants, pubs and retail liquor stores may have effective protocols and training for staff to check age ID prior to alcohol service, public spaces would not include such safeguards. In fact, the perception among adolescents of greater availability and acceptability of alcohol in communities has been shown to increase frequency of drinking, and the belief that underage drinking is typical and even encouraged (Kuntsche et al., 2008). Allowing alcohol consumption in parks, beaches and city plazas will increase social access to alcohol among underage children and youth with limited enforcement infrastructure to prevent underage drinking and will further normalize alcohol consumption.

#### 5.8 Increased risk of impaired driving and drinking in public spaces

Compared with drinking in private residences, drinking in public spaces increases the risk of alcohol impaired driving, which remains a substantial cause of morbidity and mortality in Canada. Between 2000 and 2014, an average of about 800 Canadians per year died of a motor vehicle crash where the driver had consumed alcohol (CCSA, 2011). Impaired driving charges have in fact gone up in some provinces during the pandemic, with Ontario reporting a 20% increase between April 2020 and April 2021 (Doucette, 2021). Impaired driving is also an important dimension of harms to others since a sizable fraction of motor vehicle crash injuries and fatalities accrue to persons other than the drinking driver (Greenfield et al., 2019). The increased risk of impaired driving

associated with drinking in public spaces is primarily due to the eventual need to travel to another location or to return home; this problem may be particularly acute in areas with limited public transportation options or areas that attract people from relatively long distances.

## 5.9 Increased risk of drowning at waterfront properties

Of relevance to municipalities with lakefront or water access is the increased risk of accidental drowning should alcohol consumption be allowed on those properties. Alcohol use was involved in roughly one quarter of accidental drownings between 2008 and 2015, with a higher proportion of those deaths occurring among young adults (42%) than middle aged (23%) and older adults (35%) (BC Coroners Service, 2017; DPRCC, 2019). Allowing alcohol consumption on public properties with beach or lakefront access is likely to increase the number of accidental drownings.

# 6. Operational and economic considerations of alcohol consumption on public properties

### 6.1 Increased operational costs for municipalities

Authorizing alcohol consumption on public properties will require substantial investments of time, energy, money, and staffing to mitigate any potential negative outcomes on the local community. It is worth considering whether there are other local government actions that would better support social connection and health equity goals such as increased community programming or upgrades to existing amenities and greenspaces. Allowing alcohol consumption on municipal properties is likely to increase costs to local governments ranging from planning and infrastructure expenditures to staffing expenses. These additional costs may include:

- Additional monitoring, compliance, and enforcement staff/FTEs.
- Increased training needs to ensure staff are prepared to manage increased alcohol-related incidents and those under the influence of alcohol.
- Increased trash collection/recycling (the City of North Vancouver reported an additional \$80,000 for additional trash collection in 2020 related to unsupervised public alcohol consumption in their parks (Seeber, 2020)).
- Increased cleaning and maintenance of the public spaces where consumption is allowed and adjacent washroom facilities.
- Provision of additional washroom facilities.
- Signage development, installation, and maintenance.
- Increased insurance costs.
- Legal fees associated with increased liability risks.
- Staff time for data collection, analysis, and reporting.

#### 6.2 Challenges with monitoring and enforcement

Even now, many municipalities lack adequate police and bylaw enforcement resources to patrol their streets and existing municipal properties. Allowing the consumption of alcohol on municipal properties adds to those enforcement needs and may increase gaps between the level of enforcement required and the availability of adequate security. In smaller or more geographically remote communities, staff or resource shortages may

mean that a significant emphasis is placed on voluntary compliance with bylaws (Office of the Ombudsperson, 2016). Although many people who consume alcohol will do so moderately, an inherent feature of alcohol is that it tends to be overconsumed. Even though public intoxication is not permitted, allowing the consumption of alcohol would likely increase the risk of public intoxication, which increases the risk of alcohol-related crimes within areas with a relatively wide geographic spread that can therefore be difficult to monitor. To be clear, this is different from allowing the expansion of patios into the street or next to licensed restaurants and pubs where monitoring is more readily achieved and maintained.

Managing alcohol consumption and the interaction of intoxicated persons is critical for public safety (Fitterer et al., 2015) and allowing alcohol consumption in public spaces is likely to increase local enforcement and compliance needs. Related considerations include:

- Difficulty monitoring expansive open areas, particularly if there are multiple designated consumption spots in a municipality.
- Increased risk of public intoxication and underage drinking.
- Lack of a designated primary operator to fulfill supervisory and oversight functions (unlike restaurants, pubs or other licensed establishments).
- Staffing availability and limitations resulting in an over reliance on voluntary compliance with bylaws (Office of the Ombudsperson, 2016) and reduced capacity to enforce rules around consumption hours, noise and other public-safety concerns.

## 6.3 Increased liability risks

Allowing unsupervised drinking in public municipal spaces might expose the municipality to legal liability issues. Under BC's Occupiers Liability Act (OLA), municipalities have a 'duty of care' that is defined in Section 3 of the Act" that in all the circumstances of the case is reasonable to see that a person, and the person's property, on the premises, and property on the premises of a person, whether or not that person personally enters on the premises, will be reasonably safe in using the premises". For example, a municipality providing playground equipment would have a duty of care to ensure that the equipment meets established safety standards and is inspected regularly to ensure it continues to meet the required standard of care that would be expected. In the case of allowing unsupervised alcohol consumption in parks, city plazas and beaches, it raises the question as to what parameters are sufficient to meet that same duty of care to protect everyone from children to elders who wish to access public spaces without undue risk of harm. Simply allowing alcohol consumption with minimal restrictions and relying primarily on voluntary compliance may not protect municipalities if accidental injury or death occurs as a result of drinking in public spaces.

#### 6.4 Increased diversion of onsite business for licensed restaurants and pubs

Many policy changes that have occurred during the pandemic have been presented as a measure to support the hospitality sector in Canada (Andreasson et al., 2021). The hospitality industry, including licensed restaurants and pubs has been very hard hit with alcohol consumption plummeting at those onsite venues due to a range of public health directives. COVID-related restrictions have therefore contributed to a consumer shift towards buying alcohol at retail liquor stores and overall total sales actually increased in BC during the pandemic compared to the same time the previous year (CISUR, 2020). Allowing alcohol consumption on public properties such as parks, beaches and plazas is likely to further encourage that shift due to the difference in price of alcohol, which is substantially less at liquor stores. While it is possible that some consumers may purchase

alcohol from restaurants and pubs to consume in public spaces, it is more likely to further encourage consumers to purchase alcohol at retail stores at the expense of patronizing licensed restaurants and pubs.

## 7. Summary and discussion

Traditionally, consuming alcohol in public spaces such as parks, beaches and city plazas has not been permitted in most of Canada and BC, and there are many compelling reasons why it should remain this way. The emergence of COVID-19 in Canada in 2020 precipitated many expedited changes to liquor policies that allowed for increased accessed to alcohol in BC and across Canada. Uncertainty regarding the duration and severity of the pandemic and its impact on social and economic structures created a sense urgency that resulted in less rigorous planning, consultation, and deliberation processes than normally required. The social and economic burden of harmful alcohol use is felt deeply within communities and municipalities can make a positive difference through their local alcohol policies. It is therefore especially crucial for local governments to conduct careful due diligence to avoid making rushed decisions that may have long-term public health implications.

The information provided in this resource report points to a broad range of individual and community harms and costs that would potentially be increased by allowing unsupervised alcohol consumption on public properties in BC. As such, it is recommended that local governments consider leaving public areas such as parks, beaches and city plazas as alcohol-free zones—especially given that there are increasingly fewer spaces where alcohol is not available and or advertised. Alternative options include seasonal weekend-only special occasion permits for designated areas, having licensed on-site food trucks or implementing temporary, time-limited initiatives with built-in evaluation components to monitor the impact over time so that programs can be amended or cancelled as needed. It can be very difficult to reverse the liberalization of public health policies, especially when there are strong political and economic interests such as with alcohol. We are already seeing that temporary COVID-era alcohol-policy changes have been made permanent (e.g., allowing the purchase of packaged alcohol with take-out orders from licenced establishments, extended liquor store hours, wholesale pricing for licensed establishments). Providing outdoor spaces that all BC residents can safely access and enjoy is critical for public health in BC and protects critical community resources that support mental wellness now and in the future. Guidance for strategies to mitigate the risk and minimize the associated public health harms of this policy are outlined in the following section.

# 8. Guidance and recommendations for mitigating the impact of allowing unsupervised alcohol consumption on public properties

As outlined in this report, the evidence suggests that allowing unsupervised alcohol consumption on public properties will increase public health harms in communities and should therefore not be implemented. Whether local governments choose to proceed with or have already implemented such policy changes, these decisions warrant careful consideration and ongoing review to mitigate associated increases in alcohol-related harms. Specifically, local governments are encouraged to implement the following to minimize risks and harms from this policy:

Guidance and recommendations for mitigating the impact of allowing unsupervised alcohol consumption on public properties in BC 1 of 1

#### Conduct an initial Health Impact Assessment and Health Equity Analysis

Conduct a Health Impact Assessment (WHO, 2021) and Health Equity Analysis (CPHA, 2020) to identify unintended health impacts, positive or negative, on diverse population groups and mitigate the risks. Examine which community groups are not being included in the initiative or who might not benefit from it.

#### Seek early and ongoing public engagement and feedback across diverse subgroups

Have a variety of mechanisms in place to receive public feedback on proposals at each stage of the process including online and in person surveys and focus groups. Ensure that input is received from a broad range of diverse populations and community groups, including those identified in a Health Impact Assessment and Health Equity Analysis as being potentially impacted by this change. Provide evidence-based information about the potential risks and costs of allowing public drinking alongside the anticipated benefits. Account for under-reporting of certain types of incidents (such as sexualized violence).

#### Obtain formal legal counsel on liability implications and municipalities' duty of care

Seek formal legal counsel to ensure all relevant liability considerations related to alcohol consumption on municipal properties have been considered, particularly in relation to a municipality's "duty of care" under the *Occupiers Liability Act*.

#### Limit the number of proposed sites, set designated areas, and restrict months/hours of consumption

Restrict the number of public spaces where alcohol can be consumed (i.e., only in designated areas on certain municipal properties). Use findings from the Health Impact Assessment, Health Equity Analysis and public engagement to inform the best locations for these spaces. Consider whether the location is either primarily used by children and youth or vulnerable populations, or close to spaces they use frequently (e.g. schools, daycares, libraries, recreation centres and sports fields), and if so, maintain these spaces as alcohol-free zones. Designate separate areas where alcohol can be consumed and maintain substantial alcohol-free areas in all sites. If designating picnic areas, ensure that there are sufficient tables elsewhere for those not wishing or legally able to consume alcohol. Restrict days and/or hours when alcohol can be consumed (e.g., from noon until dusk) and allow the consumption only during certain months of the year, such as summertime.

#### Avoid permanent bylaw changes, review annually, and implement relevant companion bylaws

Restrict implementation to temporary, time-limited, or seasonal approvals that are revisited regularly; avoid permanent bylaw changes that may be difficult to reverse in future. Use a sunset clause or provision to ensure temporary approvals do not roll into permanent changes without due consideration. Ensure there are robust noise, nuisance, public intoxication, and litter by-laws in place.

#### Allocate sufficient budgetary funds to address related increase in operational costs

Ensure there is room in the municipal budget to cover related costs that may arise, such as increases in cleaning and maintenance (garbage pick-up, washroom facilities, etc.), staffing costs related to bylaw enforcement and training, insurance, legal fees signage and other issues, including collecting and analyzing public feedback.

Guidance and recommendations for mitigating the impact of allowing unsupervised alcohol consumption on public properties in BC 2 of 2

#### Expand inspection and enforcement staffing and revoke authorizations for problematic sites

Develop a Bylaw Enforcement Strategy (Office of the Ombudsperson, 2016) and ensure sufficient funding is allocated for additional bylaw enforcement officers and security staff to monitor underage drinking and public intoxication and keep consumption spaces safer and more enjoyable for all. Remove approvals allowing alcohol consumption for public sites with numerous police interactions or public concerns.

#### Set alcohol consumption limits, implement meal requirements, and prohibit glass containers

Set limits on the amount of alcohol that is allowed in designated spaces (e.g., no more than 2 standard drinks per person of legal drinking age) and include meal requirements in picnic areas (over and above snacks). Restrict use of glass alcohol bottles to prevent injury from broken containers.

#### Post clear, extensive, and accessible signage in both designated and non-designated areas

Post clear and specific signage and other visual markers to indicate boundaries of designated sites, allowable hours of consumption, and specific regulations related to drinking alcohol on public properties. Signs should also be posted in non-designated areas to clearly demarcate alcohol-free zones. Post notice boards with information about the program and contact information for providing public feedback or complaints.

#### Encourage purchase of alcohol from nearby on-site licensed restaurants, pubs, or food trucks

Highlight specific kiosks or adjacent on-premise establishments such as restaurants or pubs where alcohol can be purchased along with food to support local hospitality operators, encourage age verification/ID checking of consumers, and decrease overall alcohol consumption on a single occasion.

#### Conduct comprehensive monitoring and evaluation with ongoing public reporting

Ensure monitoring and evaluation indicators related to community harms and costs (such as public safety/security, liability, trash collection, signage, etc.) are designed as part of program implementation and included in budget estimations. Provide ongoing reports to local leaders and the public on key indicators in advance of policy changes and adjust or terminate programs in response to evaluation outcomes indicating the rationale for the program is increasing community harms and costs.

#### Address specific COVID-19 and alcohol considerations related to physical distancing

Follow current public health guidelines advising the number of people allowed to congregate in a group to reduce risk of alcohol-influenced COVID-19 transmission. Ensure signage clearly outlines current public health and physical distancing requirements and that contract tracing mechanisms for COVID-19 exposure are available if necessary. Ensure onsite bathroom facilities are adequate to meet current public health guidance and provide detailed signage on latest COVID-19 protocols.

#### 9. Additional resources

- <u>International Agency for Research on Cancer</u> (World Health Organization)
- Alcohol consumption interactive data visualization tool (Canadian Institute for Substance Use Research)
- Alcohol and other drug interactive data visualization tool (Canadian Institute for Substance Use Research)
- Alcohol and Cannabis Retail Regulations During the COVID-19 Pandemic in Canada (Canadian Centre on Substance Use)
- Alcohol and inequities: Guidance for addressing inequities in alcohol-related harm (World Health Organization)
- At a glance: the eight steps to developing a healthy public policy (Public Health Ontario)
- <u>Building Municipal Alcohol Policy</u> (Alberta Health Services)
- Bylaw Enforcement Best Practices Guide for Local Governments (Office of the Ombudsperson, BC)
- Canada's Low Risk Drinking Guidelines (Canadian Centre on Substance Use)
- Canadian Alcohol Policy Evaluation (CAPE) Project (Canadian Institute for Substance Use Research)
- <u>Canadian Substance Use Costs and Harms</u> (Canadian Centre on Substance Use & Canadian Institute for Substance Use Research)
- Health Equity Impact Assessment (Canadian Public Health Association)
- <u>Health Impact Assessment</u> (World Health Organization)
- Global Status Report on Alcohol (World Health Organization)
- <u>Neighbourhood Deprivation, Alcohol Consumption and Health and Social Outcomes: A Review of Recent</u>
   <u>Literature</u> (Alberta Health Services)
- Occupiers Liability Act (Government of BC)
- Occupiers Liability Act Frequently Asked Questions (Government of BC)
- Policy brief: Managing COVID-19 transmission risks in bars (University of Stirling)
- Raising awareness of the link between alcohol and cancer (World Health Organization)
- <u>Reducing Alcohol-Related Harms and Costs in British Columbia: A Policy Review</u> (Canadian Institute for Substance Use Research)
- Reducing the harm to others from drinking alcohol (World Health Organization)
- Status report on alcohol consumption, harm and policy responses in 30 European countries, 2019 (World Health Organization)

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# Appendix A: Detailed status of decisions related to alcohol consumption on public properties in BC municipalities

Health Authority	Municipality	Permitted	Dates	# of sites	Permitted hours	Public surveys conducted	Notes and source
Island Health Authority	District of Central Saanich	No	Proposal defeated July 2020	N/A	N/A	No	Proposal to allow alcohol consumption in 9 parks between 12pm-6pm from June 1-Sept 30 was defeated July 5, 2020 <a href="https://www.timescolonist.com/news/local/second-greater-victoria-municipality-rejects-alcohol-in-parks-1.24169918">https://www.timescolonist.com/news/local/second-greater-victoria-municipality-rejects-alcohol-in-parks-1.24169918</a>
	District of Saanich	No	Proposal defeated June 2020	N/A	N/A	No	Proposal to allow alcohol consumption in 14 parks between 12pm-8pm until Sept 30 was defeated June 24, 2020 <a href="https://www.vicnews.com/news/saanich-quashes-plan-to-allow-liquor-consumption-in-14-parks/">https://www.vicnews.com/news/saanich-quashes-plan-to-allow-liquor-consumption-in-14-parks/</a>
Interior Health Authority	City of Kamloops	Not being considered	Public statement by Mayor Aug 2020	N/A	N/A	No	Media covered a statement by the mayor indicating no interest in pursuing alcohol consumption on public properties Aug 13, 2020 <a href="https://cfjctoday.com/2020/08/13/mayor-not-in-any-hurry-to-explore-public-drinking-in-kamloops/">https://cfjctoday.com/2020/08/13/mayor-not-in-any-hurry-to-explore-public-drinking-in-kamloops/</a>
	City of Kelowna	Not being considered	Public statement by Mayor May 2020	N/A	N/A	No	Media covered a statement by the mayor indicating no interest in pursuing alcohol consumption on public properties until other initiatives such as extended patios have been evaluated May 28, 2020 <a href="https://www.kelownacapnews.com/news/booze-on-kelowna-beaches-mayor-says-not-at-the-moment/">https://www.kelownacapnews.com/news/booze-on-kelowna-beaches-mayor-says-not-at-the-moment/</a>
	City of Penticton	Yes – pilot; Yes – similar program in 2021	Pilot approved June 2020 Pilot ran June 3 – July 4, 2020; Implemented : July 9-Oct 30 2020; Second pilot for 2021 approved Nov 2020	1 main beach + 3 waterfront parks	12pm-8pm	2-week online survey during pilot	Proposal to allow pilot of public consumption of alcohol carried July 9, 2020; Approval of similar program in 2021 approved Nov 17, 2020 https://www.cbc.ca/news/canada/british-columbia/penticton-drinking-pilot-extended-1.5643951

	City of Vernon	No	Proposal defeated June 2020	N/A	N/A	No	Proposal to allow public consumption of alcohol defeated June 22, 2020; RCMP and Interior MHO did not support the proposal <a href="https://vernonmatters.ca/2020/06/11/council-debates-allowing-alcohol-in-public-places/">https://vernonmatters.ca/2020/06/11/council-debates-allowing-alcohol-in-public-places/</a>
Vancouver Coastal Health Authority	City of Vancouver/ Vancouver Park Board	Yes - pilot	City pilot approved (plazas) July 2020, ran Aug 10 -Oct 12 2020 & May 31-Oct 11 2021; Park pilot approved July 2020 and ran July 13-Oct 11 2021	6 public plazas, 22 city parks	11am-9pm	No	Due to the City of Vancouver's unique governance structure and the presence of a park board, pilot for alcohol consumption in public spaces has been done in two phases: city-owned plazas starting in 2020 and parks in 2021 (An amendment to the BC Liquor Control and Licensing Act was required to allow "park boards" to permit alcohol consumption designated parks and beaches as they have authority over City of Vancouver parks and beaches).  https://vancouver.ca/streets-transportation/alcohol-consumption-in-public-spaces-pilot.aspx https://vancouver.ca/parks-recreation-culture/alcohol-in-parks-pilot
	City of North Vancouver	Yes – pilot + permanent	Pilot approved June 2020 Pilot ran June 22 to October 15, 2020; Permanent approval October 2020	Pilot: 9 parks Permanent : 7 parks	Pilot: 12pm-9pm each day Permanent : 12pm - dusk each day	No	Permanent approval October 26, 2020; \$80,000 in extra garbage and recycling costs; 13 police complaints; RCMP does not support; Mayor cited "overwhelming" public support but unclear how feedback was received. <a href="https://www.cnv.org/city-services/health-and-public-safety/emergency-preparedness/covid-19/alcohol-in-public-spaces-pilot-project">https://www.cnv.org/city-services/health-and-public-spaces-pilot-project</a>
	District of West Vancouver	Yes – pilot project for 1 park	Pilot approved May 2021				Pilot approved at council meeting for Millennium Park at the foot of 15th Street in Ambleside on May 10, 2021; Rationale to give people a place to socialize and have a drink while indoor gatherings are prohibited under COVID-19 public health orders, and to encourage residents to buy dinner and drinks at local restaurants by giving them an ideal picnic setting. <a href="https://www.vancouverisawesome.com/vancouver-news/west-vancouncil-oks-booze-in-millennium-park-3767333">https://www.vancouverisawesome.com/vancouver-news/west-vancouncil-oks-booze-in-millennium-park-3767333</a>
	City of Burnaby	Not being considered	Public statement by	N/A	N/A	No	-Media covered a statement by the Mayor indicating no interest in pursuing public drinking Aug 10, 2020

Fraser Health Authority			Mayor Aug 2020				https://www.burnabynow.com/local-news/drinking-in-parks-not-on-radar-for-burnaby-council-3126152
	City of Chilliwack	Yes – pilot	Pilot approved Aug 2020; Pilot to run Aug 18-Oct 31, 2020	2 parks	12pm-9pm	-Three surveys conducted during pilot: one at a pop-up booth in one of the parks and two others onlinea "post-implement ation user experience survey" was also conducted online from Nov. 17 to Dec. 7, 2020.	Pilot approved between Aug 18-Oct 31, 2020; no complaints to RCMP or bylaw enforcement at city hall; The matter will be coming back to council to decide if it will be tried again this coming summer or not; additional picnic tables and garbage facilities will be provided to accommodate the designated areas where liquor consumption will be permitted; Temporary washrooms will be also added to one park for pilot project; Areas will be marked by fencing and signage will clearly display the hours of operation, boundaries and rules of use; No glass bottles or containers will be allowed; Signage to remind residents of the importance of physical distancing will also be installed; daily staff will monitor use of these designated areas as part of their regular patrols.  City Council agenda package Aug 18, 2020: https://www.chilliwack.com/apps/council/meetings/agendaPackage/reg/2020.08.18%20-%20Regular%20Council%20Agenda%20Package.pdf  Community feedback summary report: https://www.chilliwack.com/main/attachments/Files/2934/Responsible%20Alcohol%20Consumption%20in%20Designated%20Areas%20Engagement%20Results%2Epdf
	City of Port Coquitlam	Yes – pilot + permanent	Pilot approved June 2020 Pilot ran June 25-Oct 31, 2020 Permanent approval Feb 2021	Pilot: 7 parks; Permanent : 7 parks plus 3 more as a pilot until Oct 31, 2021	Dawn to dusk	-Online public survey during pilot	Pilot approved for 4 months. School District 43 did not support; Permanently approved Feb 16, 2021; Positive feedback from public survey <a href="https://letstalkpoco.portcoquitlam.ca/alchohol-in-parks">https://letstalkpoco.portcoquitlam.ca/alchohol-in-parks</a>
	City of Delta	Yes – pilot for 3 parks	Pilot approved May 2021	Pilot: 3 parks	11am to dusk	No	Pilot approved May 11, 2021 for Diefenbaker Park in Tsawwassen, Memorial Park in Ladner and at North Delta Community Park from June 1 to Sept. 31. "During the pilot program, Parks, Recreation &

							Culture staff will work closely with Delta's Bylaw Enforcement Officers and the Delta Police Department to manage the project onsite.  Routine patrols will be required to attend each park on a daily basis and at varying times. In order to keep the parks free of excess litter, additional waste receptacles and recycling bins will be placed within each park's designated area," the report notes. Drinking will be permitted seven days a week, from 11 a.m. to dusk, but there will also be no drinking zones at the sites. <a href="https://www.newwestrecord.ca/local-news/here-are-17-parks-where-you-can-legally-drink-alcohol-in-metro-vancouver-3537149">https://www.newwestrecord.ca/local-news/here-are-17-parks-where-you-can-legally-drink-alcohol-in-metro-vancouver-3537149</a>
	City of New Westminste r	Yes	Permanent bylaw approved May 2021	7 parks with designated areas	11am to dusk	No	Bylaw approved May 10, 2021, states that "staff review the program after the 2021 picnic season and report back to Council in early 2022 on challenges, concerns, public feedback, and/or opportunities to adapt the program"  City council documents: <a href="https://newwestcity.ca.granicus.com/DocumentViewer.php?file=newwestcity">https://newwestcity.ca.granicus.com/DocumentViewer.php?file=newwestcity</a> 7981aa158c5b05e2d8c6dab4b411794d.pdf
	City of Surrey	Not being considered	Public statement by Mayor Jul 2020	N/A	N/A	No	Media covered a statement by the Mayor indicating no demand for pursuing public drinking Jul 9, 2020 <a href="https://www.citynews1130.com/2020/07/09/no-thirst-for-drinking-in-surrey-parks-says-councillor/">https://www.citynews1130.com/2020/07/09/no-thirst-for-drinking-in-surrey-parks-says-councillor/</a>
	City of White Rock	No	Proposal defeated Jul 2020	N/A	N/A	No	Proposal for public alcohol consumption at a waterfront park was defeated July 15, 2020 Council Minutes - <a href="https://www.whiterockcity.ca/AgendaCenter/ViewFile/Agenda/">https://www.whiterockcity.ca/AgendaCenter/ViewFile/Agenda/</a> 0713 2020-940
Northern Health Authority	N/A	N/A	N/A	N/A	N/A	N/A	N/A

## Appendix B: Glossary

Alcohol's harm to others: The secondhand harms caused to individuals or communities as a result of other peoples' alcohol consumption. Community-related alcohol harms can include noise, vandalism, and property damage; harms to families can include spousal abuse and child neglect; workplace harms can include absenteeism, co-worker problems, and work-related accidents; harms to friends, acquaintances, and others can include victimization by physical and sexual assault on college and university campus' as well as in bars and public places.

Bylaw Enforcement Policy: A bylaw enforcement policy allows a municipal council to outline, in a public way, the goals of the local government's bylaw enforcement program and to set clear expectations and standards for bylaw enforcement.

Health Impact Assessment: A Health Impact Assessment is a practical approach used to judge the potential health effects of a policy, programme or project on a population, particularly on vulnerable or disadvantaged groups.

Health Equity: Equity is the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically. Health inequities therefore involve more than inequality with respect to health determinants, access to the resources needed to improve and maintain health or health outcomes.

Health Equity Impact Analysis: A Health Equity Impact Analysis is designed to help identify unintended health effects of decision-making; support equity-based improvements in policy and programs; embed equity into decision-making; and build capacity to address and increase awareness of the issues.

Heavy episodic/binge drinking: Heavy episodic or binge drinking refers to men who reported having 5+ drinks on one occasions or women who reported having 4+ per occasion.

Indexed minimum unit pricing (iMUP): A complimentary set of pricing measures that include setting a floor price below which alcohol cannot be sold and ensuring that this floor price is set precisely according to the alcohol content of the beverage and updated according to inflation on an annual basis. This suite of alcohol pricing measures effectively creates a minimum price per unit of alcohol (e.g. a minimum price per standard drink).

*Municipal properties:* All property, including lands and buildings, owned, controlled or managed by a municipality.

BC Occupiers Liability Act: The Occupiers Liability Act, R.S.B.C. 1996, c. 377 (the "OLA") is a provincial statute (law) in British Columbia that was first enacted in 1974. The OLA has been amended twice since – once in 1979 and again in 1998. The OLA defines two separate "duties of care" applicable to occupiers of premises and sets out when each of these duties may apply to occupiers depending on the activity being undertaken, the premises on which they are taken, and other case-specific circumstances.

Off-premise outlets: Retail outlets where alcohol is sold for consumption offsite including government-run liquor stores, privately-owned liquor stores, agency stores, manufacturer on-site stores, off-sale outlets, ferment on premise outlets, duty-free outlets, grocery store outlets and wine stores.

Off-sale endorsements/outlets: An off-sale endorsement is an addition to a liquor sales licence that allow the sale of alcohol in closed containers for consumption away from an on-premise licensed establishment.

*On-premise establishments:* Licensed establishments where alcohol is sold for consumption onsite such as restaurants, bars, pubs, casinos and stadiums.

Online sales: Liquor sales made through websites, QR codes or apps.

Overall alcohol consumption: Overall consumption is typically measured as litres of pure ethanol per person aged 15 and older.

*Physical availability of alcohol:* How easy or convenient it is to buy or obtain alcohol through commercial or social outlets.

Risk-based licensing and enforcement: Using a risk-based approach to issuing and regulating liquor sales licenses by taking into account the type of licence, location, past history and level of experience of licensee and frequency and/or severity of incidents/liquor law violations.

Special occasion permits: Event-specific licenses required for serving alcohol outside of a residence, private place or licensed establishment or selling alcohol outside of a licensed establishment (also referred to as Special Event Permits in some jurisdictions).

Standard drink: A standard drink is defined as 17.05 ml of ethanol and is approximately equal to a 142 ml (5 oz) glass of 12% strength wine, 43 ml (1.5 oz) shot of 40% strength spirits or a 341 ml (12oz) bottle of 5% strength beer, cider or cooler 341ml (12oz).

Supervised alcohol consumption: Alcohol consumption in places where you can drink on-premise such as in licensed restaurants, pubs or bars, where there are trained staff to monitor for intoxication, underage drinking, and respond to acute alcohol-related harms such as violence or illness.

Sunset clause: A sunset clause is a measure within a statute, regulation or other law whereby the law ceases to have effect after a specific date, unless further legislative action is taken to extend it.

*Unsupervised alcohol consumption:* Alcohol consumption that takes place in a location that is not connected to a licensed establishment and does not have staff to continuously monitor and maintain safe environments, prevent underage drinking, and respond to alcohol-related incidents.

## Appendix C: Provincial and Territorial liquor regulations in Canada

Government of British Columbia. Liquor Control and Licensing Act

https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/15019

Government of Alberta, Alberta Gaming. Liquor and Cannabis Act

https://www.qp.alberta.ca/documents/Acts/g01.pdf

Government of Manitoba. The Liquor, Gaming and Cannabis Control Act

https://web2.gov.mb.ca/laws/statutes/ccsm/l153e.php

Government of New Brunswick. Liquor Control Act

http://laws.gnb.ca/en/showdoc/cs/L-10

Government of Newfoundland and Labrador. Liquor Control Act

https://www.assembly.nl.ca/legislation/sr/statutes/l18.htm

Government of Northwest Territories. Liquor Act

https://www.justice.gov.nt.ca/en/files/legislation/liquor/liquor.a.pdf

Government of Nova Scotia. Liquor Control Act

https://nslegislature.ca/sites/default/files/legc/statutes/liquor%20control.pdf

Government of Nunavut, Liquor Regulations

https://www.gov.nu.ca/sites/default/files/liquor\_regulations.pdf

Government of Ontario. Liquor Act

https://www.ontario.ca/laws/statute/19l15b#BK48

Government of Prince Edward Island. Liquor control Act

https://www.princeedwardisland.ca/sites/default/files/legislation/L-14-Liquor%20Control%20Act.pdf

Government of Quebec. Régie des alcools des courses et des jeux, Liquor Regulations

https://www.racj.gouv.gc.ca/en/home.html

Government of Saskatchewan. The Alcohol and Gaming Regulation Act

http://www.publications.gov.sk.ca/freelaw/documents/english/Statutes/Statutes/a18-011.pdf

Government of Yukon. Liquor Act

RSY 2002, c.140